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C. In summer time, while the hazard incident to processes involving the production of excessive heat can and should be mitigated to some extent by a system of ventilation which produces vigorous air movement, it can not be fully controlled except by special systems

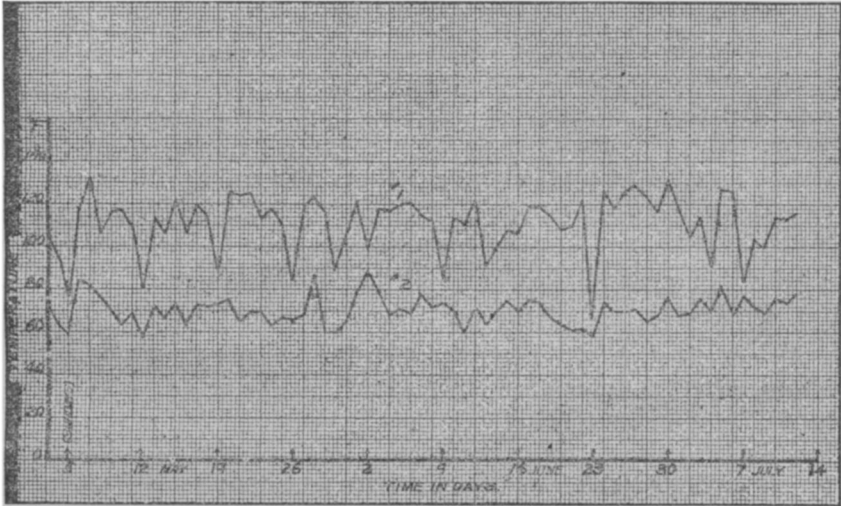


FIG. 7.—Daily variations in 4 p. m. temperature in shell anneal shop (curve No. 1) compared with outdoor temperature (curve No. 2) at the same hour.

of air cooling which would involve a prohibitive expense and must, in general, be accepted as an inevitable incident of certain industrial employments. Where this is the case, the effects of the high temperature should be minimized by short spells of work alternating with rest periods.

THE UNITED STATES LIFE TABLES.

The Department of Commerce, through the Bureau of the Census, announces that the second official publication on life tables derived from births, deaths, and populations in this country, is soon to be issued. These tables show conditions as they existed in 1890, 1901, and in 1910, thus making it possible to study the changes which have taken place in mortality during two decades.

MORTALITY VARIES WITH THE CLASS.

It is shown that mortality at practically all ages is higher among men than among women. In particular it appears that the most favorable mortality in this country is found among women living in the rural districts. The rural classes, regardless of sex, enjoy a much lower mortality for nearly the entire range of life than those living in the cities. While the expectation of life among both men and

women, in most classes has steadily increased, there is no indication of any definite lengthening of the span of life. In other words, while almost all classes of persons are living to an older average age, the limiting age of human life does not seem to have advanced.

CHANGE IN TWO DECADES.

In 1901 the expectation of life among white females at birth was about three years more than among white males, and in 1910 the excess in favor of the females had increased to almost three and one-half years. There seems to have been a general improvement for all classes for the ages up to about age 40 for men and age 50 for women, except for the Negro population. Above these ages no improvement is shown, and in some cases the mortality at the older ages in 1910 was actually less favorable than it was in 1901.

INFANT MORTALITY.

An examination of the infant mortality tables indicates a decided improvement in the infant mortality rate in most classes of the population between 1901 and 1910. The expectation of life of children born in 1910 also shows a considerable improvement over the expectation of life of children born in 1890 and 1901 in practically all classes of the population. The infant mortality in the rural districts was considerably lower than that in the urban districts in both 1901 and 1910, but the difference in favor of the rural districts was not as great in 1910 as it was in 1901, indicating that the efforts to improve infant mortality conditions in our cities are undoubtedly meeting with success.

COMPARISON WITH FOREIGN COUNTRIES.

Life tables are also given by sex for Australia, Denmark, England, France, Germany, Holland, India, Italy, Japan, Norway, Sweden, and Switzerland. They may be used to compare rates of mortality and expectations of life at any age in one country with those of any other country or with those in the United States. A comparison with these countries shows that except for France, India, and Japan, the rates of mortality among men and women are less favorable in this country than in the foreign countries above mentioned. For example, the lowest annual rate of mortality during first year of life, per 1,000 alive at beginning of age interval, is found in Norway, 81 for males and 67 for females, whereas for a similar class in this country, namely, white people, the rate is 127 for males and 105 for females. This indicates that there is still much room for improvement in this country.

The most important mortality tables used by life insurance companies in this country and in foreign countries are included in this publication.

LIFE ANNUITY AND MONETARY TABLES.

Tables of life annuities and other monetary tables at various rates of interest, based on life tables for this country, were computed for the purposes they serve in legal and business practice. The values of life annuities are frequently required in the settlement of estates, the division of wills, the determination of the measure of damages, and in connection with pension funds. Until the appearance of the United States Life Tables there were available practically no reliable life tables faithfully representing mortality conditions as they now exist in the general population of this country.

CONSTRUCTION OF LIFE TABLES.

The mathematical theory of the construction of life tables is developed in great detail and is illustrated by photographs of the actual numerical calculations made on adding machines in the construction of the life table for males in the State of New York, 1910. This portion of the text will be of great service to all those who desire to acquaint themselves with the theory of life-table construction as well as with the actual mathematical processes.

All the original statistics on births, deaths, and populations used in the construction of the life tables are given in this publication. An extensive index of 20 pages has been prepared to enable the reader to locate quickly information to be found in the text and tables.

STATEMENT OF BRITISH MINISTRY OF HEALTH REGARDING INFLUENZA.

The following is part of a statement issued by the British Ministry of Health, January 18, 1922, regarding the influenza epidemic, based on information obtained by the medical staff of the Ministry since December, 1921.

Outbreaks of influenza in England began in November, notably in the western areas of Nottinghamshire, whence it spread to towns in the south of the West Riding (where Leeds, Sheffield, and Rotherham were principally affected) and westward toward the Potteries. In the areas thus attacked early the epidemic has now materially abated or practically ceased. In London, although there was evidence of influenza in the schools about the end of November, the disease did not become generally prevalent until the middle of the following month. The northern, southern, and eastern registration districts of London have been those mainly affected. During the last fortnight the epidemic has further extended and the disease is now widely prevalent in many parts of England and Wales. In the 96 great towns, during the week ending January 14, the deaths from influenza (including bronchitis and pneumonia complicating in-